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Official Form 1 (4/	07)				, oaimo		ago ±	. 0.					
United States Bankruptcy Court Northern District of Illinois							Voluntary Petition						
Name of Debtor (if in Lofton-Davis, E		st, First,	Middle):			Nam	e of Joint	t Deb	otor (Spouse	) (Last, First	, Middle):		
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):						All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):							
Last four digits of Soc xxx-xx-2351	c. Sec./Complete E	EIN or oth	ner Tax I	D No. (if mo	re than one, st	tate all) Last	four digit	ts of	Soc. Sec./C	omplete EIN	or other Ta	ax ID No. (i	f more than one, state all
Street Address of Debtor (No. and Street, City, and State):  8923 S. Laflin Chicago, IL						Street Address of Joint Debtor (No. and Street, City, and State):					7ID C- 1-		
					ZIP Cod <b>60620</b>								ZIP Code
County of Residence Cook	or of the Principal	Place of	Business	:		Cour	ity of Res	siden	ce or of the	Principal Pl	ace of Busi	ness:	
Mailing Address of D	ebtor (if different	from stre	et addres	s):		Mail	ing Addre	ess o	f Joint Debt	or (if differe	nt from stre	eet address)	:
				Г	ZIP Cod	le							ZIP Code
Location of Principal (if different from stree		s Debtor				•							
(Form of (Chec	page 2 of this form ides LLC and LLP	entities,	Sing in I Raili Stoc	(Check Ith Care Bu Ile Asset Ro I U.S.C. § road kbroker nmodity Br ring Bank er  Tax-Exe	eal Estate a 101 (51B)  bker  mpt Entit  i, if applicate exempt or of the Unit	as defined  y ble) ganization ed States	def	naptenaptenaptenaptenaptenbts are	the I r 7 r 9 r 11 r 12 r 13 e primarily cc in 11 U.S.C. § d by an indivi	of C of  Nature (Check onsumer debts,	hapter 15 P a Foreign hapter 15 P a Foreign hapter 15 P a Foreign hapter 15 P a Foreign hapter box hapter 15 P a for Debts	one box) etition for I Main Proce etition for I Nonmain P	Recognition eding Recognition
is unable to pay for Filing Fee waiver	aid in installments ication for the cou se except in installa	(applicat art's consi ments. Ru	ole to ind deration ule 1006( apter 7 in	certifying t (b). See Offi ndividuals o	hat the del cial Form 3 only). Mus	otor A. Chec	Debtork if: Debtor to inside k all appl A plan Accept	r is a r is no r's ag ders o licab i is be tance	small busin ot a small be ggregate nor or affiliates) le boxes: eing filed w		s defined in or as define iquidated d 1 \$2,190,00 on.	d in 11 U.S ebts (exclude) 0.	.C. § 101(51D). ding debts owed
Statistical/Administr  ■ Debtor estimates t  □ Debtor estimates t  there will be no ft  Estimated Number of	hat funds will be a hat, after any exen ands available for c	vailable npt prope	erty is exc	cluded and	administra				,				USE ONLY
1- 50- 49 99	199	200- 999	1000- 5,000	5001- 10,000	10,001- 25,000	25,001- 50,000	100,00 100,00		OVER 100,000				
Estimated Assets  \$0 to \$10,000	\$10,001 to \$100,000	0		0,001 to nillion		,000,001 to 00 million			e than ) million				
Estimated Liabilities  \$0 to \$50,000	\$50,001 to \$100,000	o		0,001 to nillion		,000,001 to			e than ) million				

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FORM B1 Page 2

Official Form	L (4/07)		FURINI DI, Fage 2			
Voluntary		Name of Debtor(s): Lofton-Davis, Benita R.				
(This page mus	st be completed and filed in every case)  All Prior Bankruptcy Cases Filed Within Last	8 Vaars (If more than two, attach ad	dditional cheet)			
Location	An I Hot Bankruptey Cases Fliet Within Last	Case Number:	Date Filed:			
Where Filed:	Northern District of Illinois	06-09588	8/08/06			
Location Where Filed:		Case Number:	Date Filed:			
Pen	nding Bankruptcy Case Filed by any Spouse, Partner, or	Affiliate of this Debtor (If more than	n one, attach additional sheet)			
Name of Debto - None -	or:	Case Number:	Date Filed:			
District:		Relationship:	Judge:			
forms 10K and pursuant to Soland is request	Exhibit A  leted if debtor is required to file periodic reports (e.g., and 10Q) with the Securities and Exchange Commission ection 13 or 15(d) of the Securities Exchange Act of 1934 ting relief under chapter 11.)  A is attached and made a part of this petition.	(To be completed if debtor is an individual I, the attorney for the petitioner named have informed the petitioner that [he of 12, or 13 of title 11, United States Control of the complete in the control of t				
	Exh	<u> </u> ibit C				
	r own or have possession of any property that poses or is alleged to Exhibit C is attached and made a part of this petition.	pose a threat of imminent and identifiable	e harm to public health or safety?			
Exhibit I  If this is a joir	eted by every individual debtor. If a joint petition is filed, eac D completed and signed by the debtor is attached and made a	a part of this petition.	a separate Exhibit D.)			
	Information Regardin	og the Debtor - Venue				
	(Check any ap Debtor has been domiciled or has had a residence, principal days immediately preceding the date of this petition or for There is a bankruptcy case concerning debtor's affiliate, ge Debtor is a debtor in a foreign proceeding and has its principal District, or has no principal place of business or assets proceeding [in a federal or state court] in this District, or the sought in this District.	oplicable box) al place of business, or principal asse a longer part of such 180 days than i eneral partner, or partnership pending cipal place of business or principal as in the United States but is a defenda ne interests of the parties will be serve	in any other District.  g in this District.  ssets in the United States in  ant in an action or  ed in regard to the relief			
	Statement by a Debtor Who Resides		y			
(Check all applicable boxes)  Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)						
	(Name of landlord that obtained judgment)  (Address of landlord)					
	Debtor claims that under applicable nonbankruptcy law, th permitted to cure the entire monetary default that gave rise possession was entered, and	ere are circumstances under which the to the judgment for possession, after	ne debtor would be the judgment for			
	Debtor has included in this petition the deposit with the coafter the filing of the petition.	urt of any rent that would become du	e during the 30-day period			

#### Official Form 1 (4/07)

### Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Lofton-Davis, Benita R.

### Signatures Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

#### X /s/ Benita R. Lofton-Davis

Signature of Debtor Benita R. Lofton-Davis

X

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

July 3, 2007

Date

#### Signature of Attorney

#### X /s/ Debra J. Vorhies Levine

Signature of Attorney for Debtor(s)

#### Debra J. Vorhies Levine

Printed Name of Attorney for Debtor(s)

#### Law Offices of Debra V. Levine

Firm Name

53 W. Jackson Boulevard Suite 909 Chicago, IL 60604

Address

Email: debra@dvllaw.com

#### 312-259-5970 Fax: 312-880-0196

Telephone Number

July 3, 2007

Date

#### Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

#### Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

#### Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19B is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

Address

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

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Official Form 1, Exhibit D (10/06)

### **United States Bankruptcy Court Northern District of Illinois**

In re	Benita R. Lofton-Davis	Case No.		
		Debtor(s)	Chapter	13

# EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.] \_\_\_\_

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

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#### Official Form 1, Exh. D (10/06) - Cont.

☐ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable
statement.] [Must be accompanied by a motion for determination by the court.]
☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or
mental deficiency so as to be incapable of realizing and making rational decisions with respect to
financial responsibilities.);
☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being
unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or
through the Internet.);
☐ Active military duty in a military combat zone.
□ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling
requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor:	/s/ Benita R. Lofton-Davis			
	Benita R. Lofton-Davis			

Date: July 3, 2007

Amc Mortgage Services 505 City Pkwy South # 10 Orange, CA 92868

Amc Mortgage Services 505 City Pkwy South # 10 Orange, CA 92868

Ameriquest Mortgage 10801 6th Street Rancho Cucamonga, CA 91730

Ameriquest Mortgage 10801 6th Street Rancho Cucamonga, CA 91730

AT&T P.O. Box 8105 Aurora, IL 60507-8105

Cap One Bk Po Box 85520 Richmond, VA 23285

Cap One Bk Po Box 85520 Richmond, VA 23285

Cardiovascular Consultants LLP Box 42889 Evergreen Park, IL 60805

Chrysler Financial 999 Oakmont Plaza Dr Westmont, IL 60559

City of Chicago Ems 33589 Treasury Ctr Chicago, IL 60694-3500

ComEd
Bill Payment Center
Chicago, IL 60668-0001

Consultants in Clinical Pathology 37416 Eagle Way Chicago, IL 60678

Cook County Clerk 118 North Clark St., Suite 112 Chicago, IL 60602

Cook County Treasurer P.O. Box 4488 Carol Stream, IL 60197-4488

Creditors Discount & Audit Co. 415 E. Main St. P.O. Box 213 Streator, IL 61364-0213

Gmac Mortgage Po Box 4622 Waterloo, IA 50704

Harris Bank PO Box 6201 Carol Stream, IL 60197

Harris N A Po Box 94034 Palatine, IL 60094

Harvard Collection 4839 N Elston Ave Chicago, IL 60630

Holy Cross Hospital Payment Center P.O. Box 2166 Bedford Park, IL 60499-2166

Homeq Servicing
Po Box 13716
Sacramento, CA 95853

Hsbc Nv Po Box 19360 Salinas, CA 93901 Jackson Park Hospital Business Office 7531 S. Stony Island Chicago, IL 60649

Jackson Park Hospital P.O. Box 1886 Harvey, IL 60426

Little Company of Mary Hospital 2800 W. 95th Street Evergreen Park, IL 60805-2701

MCI Local Markets P.O. Box105406 Atlanta, GA 30348-5406

MCI Local Markets P.O. Box 105406 Atlanta, GA 30348-5406

Money Control Po Box 49990 Riverside, CA 92514

Nationwide Credit & Collection, Inc 9919 Roosevelt Road Westchester, IL 60154

NW IND. Radiology Services PC 55 East 86th Ave. Suite A P.O. Box 10645 Merrillville, IN 46411

NW IND. Radiology Services PC 55 East 86th Ave. Suite A P.O. Box 10645 Merrillville, IN 46411

Peoples Engy 130 E Randolph Chicago, IL 60601 Peoples Engy 130 E Randolph Chicago, IL 60601

Peoples Engy 130 E Randolph Chicago, IL 60601

Radiology Imaging Specialists, LTD P.O. Box 70 Hinsdale, IL 60522

Real Time Resolutions, Inc. P.O. Box 35888
Dallas, TX 75235-0888

Seawestfin 8302 Alondra Bv Suite 203 Paramount, CA 90723

The Friedell Clinic 190 E. Delaware Chicago, IL 60611

The Friedell Clinic 190 E. Delaware Chicago, IL 60611

Ucb Collections 5620 Southwyck Bv Toledo, OH 43614-1501

Union Auto 8700 S. Chicago Av Chicago, IL 60617

Verizon Wireless/Great 1515 Woodfield Rd Stel40 Schaumburg, IL 60173

Verizon Wireless/Great 1515 Woodfield Rd Ste140 Schaumburg, IL 60173